

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586618

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16	/					
17		1				
18		4				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29	/					
30		1				
31		2				
32		2				
33		2				
34			/			
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36				/		
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42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49			/			
50			/	/		
TOTAL IND.	3	↓	2	↓		↓
TOTAL DEP.	39	←	15	←		←
TOTAL CLAIMS	42		17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
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98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	14	←		←
TOTAL CLAIMS			16			